

**New Jersey Department of Health and Senior Services
Vital Statistics and Registration
PO Box 370
Trenton, NJ 08625-0370**

**APPLICATION FOR A CERTIFIED COPY OF A
CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH**

Per R.S. 26:6-11 the State Registrar shall establish a Certificate of Birth Resulting in Stillbirth for an unintended, intrauterine fetal death occurring within the State of New Jersey after a gestational period of 20 or more weeks.

Parents may request a Certificate of Birth Resulting in Stillbirth by completing Section I below. The completed form must then be given to a licensed health care professional to complete Section II. The licensed health care professional will submit the form to the Office of the State Registrar on the parent(s)' behalf. Completed forms should be sent to the State Registrar at the address listed above.

Licensed health care professionals include, but are not limited to, the following: the doctor who was present at the time of delivery, the family physician, a bereavement counselor.

Records of births resulting in stillbirth are available from the period 1969 to the present. Events which occurred prior to 1969 were not reported and therefore certificates for events prior to 1969 cannot be provided. One copy of the certificate will be issued in response to this application, unless more copies are requested. Please remit payment, made payable to "State Registrar" in the amount of \$4.00 for the first certificate and \$2.00 for each additional copy. Please allow 4 to 6 weeks for processing of your request; the certificate(s) will be mailed to the address provided in Section I.

If the record on file indicates that no name was given, the certificate will be issued in the same manner. Parents who wish to amend the record to add a name may do so by filing a Correction to an Original Birth, Marriage or Death Certificate form (REG-34) with the State Registrar's Office. Copies of the REG-34 form may be obtained from the Local Registrar's Office in your municipality, or from the State Registrar's office.

A birth resulting in stillbirth that occurred in the State of New Jersey but has not been registered within one year after the date of delivery may be placed on file and registered as a delayed report.

SECTION I - TO BE COMPLETED BY PARENT(S)			
Name of Parent(s)		Telephone Number	
Mailing Address		City	State Zip Code
No. of Copies Requested	Signature of Applicant		Date of Application
INFORMATION ON BIRTH RESULTING IN STILLBIRTH			
Full Name, if Given			<input type="checkbox"/> Name Not Given
Place of Delivery (City, Town or Township)		County	
Date of Delivery	Name of Hospital (Optional)		
Mother's Full Maiden Name		Name of Other Parent (if recorded on the record)	
SECTION II - TO BE COMPLETED BY SUBMITTER			
Submitted by (Name of Licensed Health Care Professional) (PRINT)		Telephone Number	
Title			

FOR STATE USE ONLY		
ID Viewed:	Processed By:	Date Processed: